

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

13822

State File No. ....

FILED MAY 4 1953 REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stanberry</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stanberry, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3rd. and Park</b>		d. STREET ADDRESS (If rural, give location) <b>Stanberry, Mo.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mrs. Celia Haas</b> b. (Middle) <b>Blincoe</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 27 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Dec 17 1869</b>
9. AGE (In years last birthday) <b>83</b>		10. UNDER 1 YEAR Months Days	
11. UNDER 1 YEAR Hours Mins.		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Drug Store</b>	
11. BIRTHPLACE (State or foreign country) <b>Bowling Green Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Alexander Haas</b>		13b. MOTHER'S MAIDEN NAME <b>Mena Mayer</b>	
14. NAME OF HUSBAND OR WIFE <b>William Blincoe deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Helen Rosenthal Jamesport, Mo</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio sclerosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>years</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Albany, Gentry Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July</b> , 1952, to <b>4-27-</b> , 1953, that I last saw the deceased alive on <b>4-26-</b> , 1953, and that death occurred at <b>1:15 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Frank H. Rose, M.D.</b>		23b. ADDRESS <b>Albany, Mo.</b>	
23c. DATE SIGNED <b>4-27-53</b>			
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/28/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>High Ridge</b>		24d. LOCATION (City, town, or county) (State) <b>Stanberry, Gentry Mo.</b>	
DATE REC'D BY LOCAL REG. <b>April 28-53</b>		REGISTRAR'S SIGNATURE <b>Maudie Williams</b>	
5. FUNERAL DIRECTOR'S SIGNATURE <b>Leroy J. Phillips</b>		ADDRESS <b>Stanberry</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 28 1953

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Lester F. Phillips  
Licensed Embalmer No. 1898

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.